

CITY of
COVENTRY

ANNUAL REPORT
1957

THE SCHOOL
HEALTH SERVICE



CITY OF COVENTRY



ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1957

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1957

Chairman—COUNCILLOR MR. T. MEFFEN

Vice-Chairman—ALDERMAN H. H. K. WINSLOW

ALDERMAN MRS. E. A. ALLEN

„ W. CALLOW

„ S. STRINGER

COUNCILLOR MR. J. D. BERRY

„ MRS. E. JONES

„ MR. L. LAMB

„ MR. R. LOOSLEY

„ MR. J. F. McDONNELL

„ MR. W. H. SMITH

Co-opted Members—MR. L. E. BOWSTEAD

REV. A. P. DIAMOND

MR. G. H. ISON

MR. J. LOAR

MRS. H. I. SAUNDERS

Director of Education:—MR. W. L. CHINN, M.A.

Deputy Director of Education:—MR. R. B. SYKES, M.A., L. ES. L.

SPECIAL SCHOOLS SUB-COMMITTEE

as at 31st December, 1957

Chairman:—COUNCILLOR MR. W. H. SMITH

Vice-Chairman:—COUNCILLOR MR. J. D. BERRY

ALDERMAN H. H. K. WINSLOW

„ W. CALLOW

„ S. STRINGER

COUNCILLOR MRS. E. JONES

„ MR. J. F. McDONNELL

„ MR. T. MEFFEN

Co-opted Members:—MR. L. E. BOWSTEAD

MR. G. H. ISON

MRS. H. I. SAUNDERS

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer (and Medical Officer of Health)	T. M. CLAYTON, M.D., B.S., B.HY., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health)	J. ARDLEY, M.B., B.S., D.P.H.
Senior School Medical Officer ...	M. M. R. GAFFNEY, M.B., D.P.H., B.CH., B.A.O., D.C.H.
	P. I. ATKINSON, M.B., C.P.H. (appointed November 1957)
	C. GLYNN, M.R.C.S., L.R.C.P.
	A. E. HARDIE, M.B., CH.B. (ap- pointed August 1957)
	V. P. HELME, M.B., CH.B., M.R.C.- O.G. (resigned October 1957)
	C. T. HOWAT, M.B., CH.B., (re- signed August, 1957)
	T. J. G. HOWIE, M.B., CH.B., D.P.H., D.OBST.R.C.O.G., D.T.M. & H. (appointed January, 1957)
School Medical Officers and Assistant Medical Officers of Health	C. J. T. JAMIESON, M.R.C.S., L.R.C.P., (resigned August, 1957)
	M. F. KEEFE, M.B., CH.B. (ap- pointed October, 1957)
	M. A. H. LAWSON, M.B., CH.B., B.A.O., D.P.H. (appointed March, 1957)
	M. S. MARTIN, M.B., CH.B., (resigned August, 1957)
	J. B. M. PORTER, L.R.C.P.
	P. C. POWELL, M.B., CH.B. (re- signed August, 1957)
Medical Officer, Town Thorns E.S.N. School	E. KILLEY, M.R.C.S., L.R.C.P. (Part-time)
Medical Officer, City of Cov- entry School	J. S. JEROME, M.A., B.M., CH.B. (Part-time)
Paediatric Specialist and Heart and Rheumatic Consultant ...	H. PARRY WILLIAMS, F.R.C.P. (London) (Part-time)
Ear, Nose and Throat Surgeons	{ W. OGILVY REID, M.A., B.SC., M.B., CH.B., F.R.C.S. (Part-time) H. S. KANDER, F.R.C.S. (, ,)

SCHOOL HEALTH SERVICE STAFF—cont.

Principal School Dental Officer			J. A. SMITH, L.D.S. (Appointed October, 1957)	
			M. RAESIDE, L.D.S. (Resigned October, 1957)	
School Dental Officers ...	...	...	{ M. L. HOOKER, L.D.S. S. M. Kennedy, L.D.S. (Appointed January 1957) (Part-time)	
Superintendent Physiotherapist			MRS. M. M. HALLS, M.C.S.P. }	Baginton Fields School
Physiotherapists ...	...	...	MRS. F. E. HOWITT, M.C.S.P. }	
			MRS. J. L. THOMAS, M.C.S.P. }	
Remedial Gymnast ...	...	...	MR. R. PEBERDY	
Speech Therapists ...	...	...	{ MISS B. CARR, L.C.S.T. MRS. D. J. ROBERTS, L.C.S.T. MRS. P. BELL, L.C.S.T.	
Chiropodists ...	...	...	{ MR. A. T. E. FREKE, M.CH.S., M.R.I.P.H.H. (Part-time) MR. D. SAXON, M.CH.S. (Part-time)	
Superintendent Health Nurse ...			MISS M. D. LLOYD	
Deputy Superintendent (School Health ...	...	...	MRS. B. E. MACKIE	
Deputy Superintendent (M. & C.W.) ...	...	...	MISS K. L. HOULTON	
Dental Attendants ...	...	...	{ MRS. K. CARTWRIGHT MRS. P. LUCKMAN MRS. B. L. THOMAS MISS P. PARKIN	
Administrative Assistant ...	...	...	E. A. MOORE	
Deputy Chief Clerk ...	...	...	MISS E. STEPHEN	

CITY OF COVENTRY

SCHOOL HEALTH SERVICE

1957 Annual Report

The School Health Service,
Council Offices,
Earl Street,
(South Side),
Coventry.

*To the Right Worshipful the Lord Mayor, Aldermen and Councillors
of the City of Coventry.*

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the School Health Service of the City of Coventry for the year 1957. The School Health Service has now been in operation for a period of 50 years and we are therefore celebrating our golden anniversary in that respect. Although it was in 1905 that the Local Education Committee introduced a system of voluntary medical inspections, the compulsory inspections of school children did not come into operation until the introduction of the Education (Administrative Provisions) Act, 1907. Previously routine inspections were carried out on a purely voluntary basis and only in relation to children whom the Headmaster had specially represented for examination because of poor school attendance. Medical examinations were somewhat cursory in those days but it was soon realised that children's physical fitness and state of health would inevitably play an important part in the Local Education Committee's plan for compulsory school attendance. It was against this background that the new Act was brought into operation and which called for a Routine Medical Inspection of all school children at least three times during their school career. Statistics show that 1,961 children were medically inspected in 1907, whereas 18,480 were examined in 1957. It will be observed from tables shown later in this Report that the general health of school children has improved immensely during those intervening years. For example, of the 18,480 Coventry school-children medically examined in 1957, 18,400 were placed in the Satisfactory category and only 80 in the Unsatisfactory category. The school population in Coventry at 31st December, 1907 was approximately 15,000, whereas in 1957 it was 51,092. The estimated population of Coventry in 1907 was 78,889, while in 1957 it was 277,300.

The amalgamation of the School Health Medical, Nursing and Administrative Services with the Maternity and Child Welfare

counterpart has continued to work satisfactorily, although at times it has been extremely difficult to meet all our commitments owing to shortage of medical staff, and especially with the expansion of the Poliomyelitis vaccination scheme and the B.C.G. scheme. However, I gladly report that the general health of school children in this City has continued to be very satisfactory. A further increase has been noted in the school population for the year ended 31st December, i.e. 1957: 51,092 children (including an average number attending independent and private schools) were receiving education, the figure for 1956 was 50,277, an increase of 815.

Staffing

Six Medical Officers resigned during 1957, all of them experienced members of our staff and each approved by the Ministry of Education to ascertain handicapped pupils. One of these officers had been with us for 8 years, travelling daily from Meriden. This situation left the Authority with only one Medical Officer approved by the Minister of Education under Regulation II of the School Health Service and Handicapped Pupils Regulations 1953, to help with the ascertainment of handicapped children apart from the senior medical staff.

As will be readily appreciated, the resignation of so many competent and fully approved Medical Officers was a severe blow to the affairs of the Department and moreover it continued to place a considerable strain upon the senior medical staff who have many other important commitments both at the office and in their work outside. The situation was aggravated by the intensive anti-Poliomyelitis immunisation campaign which started towards the end of 1956 and continued throughout 1957.

It was most disappointing to witness this trend, particularly in relation to School Health and Maternity and Child Welfare matters. These services, so carefully developed particularly over the past 10 years since the newer legislation came into effect, and with our medical staff working so happily and efficiently, were placed by the beginning of 1958 in an unenviable and disadvantageous position for the effective carrying out of departmental responsibilities. We are endeavouring, not without difficulty, to find appropriate replacements in an attempt to cover our statutory responsibilities.

At the beginning of 1958 there were only three permanent Assistant Medical Officers remaining—the others had already left Coventry or were just about to do so.

This meant that many plans for the extension of essential routine were unavoidably deferred. Among the procedures temporarily abandoned were the routine audiometric and tuberculin testings of school entrants as also B.C.G. vaccinations of the 13+ age group. It was quite impossible to retain such doctors as remained entirely within their own originally allotted areas, so that

medical allocations were arranged according to greatest need at any particular time. The situation was particularly serious because of the long experience of several of these officers and also because they had the necessary course instruction in the ascertainment of handicapped pupils. All newly appointed Medical Officers have been encouraged to take courses and they are offered a wide variety of duties to give added interest both in School Health and Maternity and Child Welfare work.

Routine Medical Inspections

The number of routine medical inspections increased again during 1957 as we were fully and adequately staffed until August, and an all out effort was made to cover this aspect of the work before the staff began to leave. With special inspections and re-inspections the total was 26,938, which is 11,385 more than in 1956. These examinations covered the four main groups of school children, including the 8 year old group, which is particular to Coventry.

General Condition of Pupils

In 1957, 18,400 children out of a possible figure of 18,480 were placed in the Satisfactory category representing 99.57%. 80 pupils were considered to be Unsatisfactory, i.e. .43%. In 1956, 13,909 children were placed in the Satisfactory category, i.e. 98.8% and 167 pupils were considered to be Unsatisfactory, i.e. 1.2%.

Infectious Diseases

In 1957, some 275 cases of dysentery were notified in children of school age and it is certain that this figure would represent only a proportion of the total number of people affected (children and/or adults) in the general community. Indeed, very many adults do not bother to notify their General Practitioners if they are affected with "gastro-enteritis"—an affliction which may include a variety of diarrhoeic conditions of which dysentery could well be one. This disease, quite prevalent in the country nowadays, is usually of nuisance value only where adults are concerned but may well be more dangerous in its effect upon a proportion of young children.

For this reason alone therefore such conditions should be taken seriously and brought to attention wherever possible. It is then the responsibility of General Practitioners to notify such cases to the Health Department so that routine investigations can be carried out for contacts—otherwise no effective overall control of the disease is possible.

58 cases of Poliomyelitis (29 non-paralytic and 29 paralytic) occurred amongst children of school age during the year. This compared with 7 non-paralytic and 3 paralytic in 1955 and 5 non-paralytic and 4 paralytic in 1956. Some of these children were left

with varying degrees of permanent disability—some quite severe. It is to be hoped that the poliomyelitis vaccination scheme now operating will put an end to these outbreaks in the reasonably near future.

Only 3 cases of food poisoning occurred amongst schoolchildren as compared with 38 in 1956.

Measles notifications went up from 2,875 to 2,924 and Whooping Cough decreased from 299 to 136. I am pleased to report a continuing downward trend in the notification of Pulmonary Tuberculosis in the 5-15 age group. Again there were no cases of Diphtheria this year.

Other than with Poliomyelitis (which affected quite a number of other local authority areas), there was little difference in our experience of the incidence of infectious diseases in Coventry from that experienced in the rest of the country during 1957.

A table of comparative figures for 1956 and 1957 appears later in the report.

Contagious Diseases

It is pleasing to report that the number of contagious diseases brought to our notice has continued to show a downward trend, although "other skin diseases" showed a slight increase. There were no cases of scabies notified during the year, and it will be recalled that no cases were reported in 1956. Ringworm of scalp and body was less 1956—7 and 1957—4. There was a decrease in impetiginous conditions 1956—145 and 1957—118. Other skin diseases showed an increase of 36, 1956—174 and 1957—210. The total number of cases treated or under treatment for skin infections in 1956 was 326 (1957—332).

I am grateful to the teaching and nursing staff for the very excellent liaison which exists in relation to the notification of skin conditions: this means that we can deal with the problem without delay and so avoid risk of possible outbreaks.

SPECIAL SESSIONS AT THE CENTRAL SCHOOL CLINIC **Child Tuberculosis Contact Clinic**

The number of Clinics held in this connection does not exceed one per month since the need for this arrangement through the School Health Service does not exist to the same extent as in former years. The Clinic is held now for the benefit of those children who are in need of comprehensive chest examination for some particular reason, e.g. contact with known or suspected cases of tuberculosis. Otherwise contacts or suspected cases are now promptly catered for at the Chest Clinic.

Those cases which are seen at our own Clinic are invariably referred for opinion by our Medical Officers or at the request of parents: the total number so examined during 1957 was 154 (46

new cases and 108 re-examinations). As referrals dwindle this Clinic will be dispensed with—probably in the not too distant future.

Chiropody Sessions

The scope and amount of work performed at this Clinic increased during 1957. Mr. Freke, part-time chiropodist to the School Health Service, attended 2 sessions weekly and was assisted by Mr. Saxon, who gave 1 session. Concern is still being expressed about the type of ill-fitting shoes supplied to children despite the publicity given to this subject in recent years. On examining children recently who were for admission to a residential school we found 3 of a total of 50 who had themselves either cut windows in the toes of their shoes or had arranged for this to be done because, so the children said, "the shoes were too small and they hurt". With families concerned it was not reasonable for them to plead poverty: one regrets to say that they just had not given the matter thought.

Mr. Freke reports elsewhere on the work of this Clinic.

Ear, Nose and Throat Clinic

Mr. Kander took over the Ear, Nose and Throat Clinic on a fortnightly basis after Mr. Roland left in September, and Mr. Ogilvy Reid continued with his Clinic. A slight rise in the number of children waiting for operation is reported (166 at the end of 1957; 75—1956), but the problem is not nearly of the same dimensions as was the case five years ago. Greater emphasis is now being placed upon the rehabilitation of the deaf child and the considerable day to day work being done in this connection by Mr. Kander and his staff, in collaboration with the staff of the School Health Service and Education Department is deserving of appreciation. At long last we have an audiometer—(just one!)—quite insufficient for our total needs but, having waited some six years for its allocation, very acceptable nevertheless. The instrument is being used extensively by Medical Officers and Health Visitors who have been trained in its use, *but* only a very limited number of children can be dealt with. Sweep tests and surveys, although very necessary, are quite out of the question until we have at least two more audiometers.

Mr. Kander and Mr. Ogilvy Reid report elsewhere herein upon the work at this Clinic during 1957.

Heart and Rheumatic Clinic

Dr. H. Parry Williams, our Consultant Paediatrician, continues with his most valuable services and attends the main School Clinic at Gulson Road fortnightly. His co-operation and advice are greatly appreciated concerning all cases which are referred to this Clinic by Medical Officers carrying out Routine Medical Inspections: as also by General Practitioners. Dr. Parry Williams himself com-

ments at a later stage in the report, but it is noted that the number of new cases dealt with at this Clinic was much greater during 1957 (i.e. 47) as compared with those attending in 1956 (i.e. 18).

Speech Therapy

These sessions progress very well. Miss Carr remains permanently at the Central School Clinic and Mrs. Bell attends at the more peripheral Clinics and schools; wherever the need is greatest. The waiting list was slightly reduced during 1957 and the downward trend was continuing at the time of this report going to press.

The speech therapists work in close co-operation with the personnel of the Child Guidance Centre and also the school teachers. A few cases of emotional and nervous disorders are encountered every year by the speech therapists—they being the first to interview the child at any length—and referred to the appropriate clinics. A speech defect only may be apparent during the ordinary routine medical inspection—further and more prolonged investigation will possibly show the cause.

Mrs. Bell now attends at one of the new Health Clinics and reports a reasonable attendance at her sessions.

Day to Day Work at the Central School Clinic includes attention to minor accidents and these sessions are conducted by a nurse. Re-appointments and special clinics with medical officers present, head cleansings, special examinations under the School Health Service and Handicapped Pupils Regulations 1953, dental clinics, and poliomyelitis vaccination sessions are some of the activities at this busy clinic. Moreover it is a bureau for the dissemination of information and for the arranging and cancellation of appointments. Clerical help is provided for consultants' sessions, an arrangement which is much appreciated and which helps to minimise the time taken for case reporting. A health nurse is present at all medical officers' sessions with the exception of those special interviews arranged for the ascertainment of educationally subnormal children.

SPECIAL SESSIONS AT OTHER CLINICS AND HOSPITALS

The Child Guidance Centre at Gulson Road continues with its good work, although it must be appreciated that many problems are extremely difficult to resolve. Waiting time for appointments is growing, there is a shortage of staff, and moreover, inadequate clinic space for interviewing does not make conditions easy for the staff at this clinic. Following consultations with the Regional Hospital Board and the Ministry of Health, approval was given for the appointment of a Child Psychiatrist—unfortunately deferred, however, for twelve months. Dr. Gillman, the Consultant Psychiatrist, and Mrs. Hedges, Senior Educational Psychologist, themselves report at a later stage herein.

Ophthalmic and Orthoptic Clinics

These are held as heretofore at the Coventry and Warwickshire Hospital. Reports and recommendations concerning each school child sent to this clinic are directed to those referring the cases. Defaulters from the clinic are followed-up at home by our health nurses. This is a valuable arrangement because indeed there are parents who foolishly say at times that they do not wish glasses for their children no matter how serious the defect may be. A great deal of re-education has to be done in such cases and, although time consuming, the end results tend to be rewarding.

The liaison between the various eye clinics and my department is most satisfactory.

Orthopaedic Clinic

The Local Authority has never had an orthopaedic clinic of its own and children have always had to attend the Paybody Clinic run under the auspices of the Regional Hospital Board. Children who have defects resulting from fractures attend the Out Patients' Department at the Coventry and Warwickshire Hospital.

Lists of all children having orthopaedic defects and who receive treatment at the hospital clinics, are available to us every week. We are quickly informed if any child in attendance is thought likely to require ascertainment under the Handicapped Pupils Regulations.

A list of orthopaedic defects noted amongst children of school age attending the Orthopaedic Clinic, is available elsewhere in this report.

Branch Clinics

With one exception, the work at all branch clinics is increasing. The exception is at the Stoke Heath School Clinic which, despite all efforts to attract attendances, has never justified itself since it was built in 1949. The clinic was shared with the Maternity and Child Welfare Service, but they too have been obliged to discontinue sessions because of extremely poor attendances. The speech therapist has had a similar experience, as also have the doctors at the follow-up clinics and special sessions arranged there. In fact only a token service now operates and we must now consider whether there is justification to continue the clinic at all.

The other clinics, notably Templars, are very well attended and justify their usage. The minor ailments sessions are conducted by health nurses—doctors attend by appointment. Special ascertainment and immunisation clinics and also regular speech therapy sessions are held at most centres. Table on Page 43 indicates the number and character of minor ailments seen at outlying clinics.

Anti-Tuberculosis Campaign

During the early part of the year all parents of children between 13 and 14 years of age were approached and given the opportunity to allow their children to take part in the B.C.G. vaccination scheme in accordance with the Ministry of Health Circular 22/53. As mentioned in my previous report this age group was chosen to enable certain children to be protected against tuberculosis before they leave school. It is, I think, generally known that human tuberculosis is caused by a living germ from the cough and sputum of tuberculous patients through contact with them. Fortunately most of us develop a strong natural protection against this infection and we have therefore no need for B.C.G. vaccination. A few, however, for some reason or another do not get the protection naturally, and they may receive it artificially by vaccination. To differentiate between the two types, however, a simple, harmless skin test can be carried out, this being called the "tuberculin test". A positive reaction, apparent within two to seven days, means that the person is already naturally protected, whereas a "negative" reaction denotes that B.C.G. vaccination is advisable. Apart from the 13+ years old children, vaccination should be offered to infants and young children if the parent or an immediate contact has tuberculosis: as also to those in contact with a tuberculous patient, e.g. adolescents, nurses, medical students and hospital workers.

The scheme was very successful this year, and special clinics having a medical officer, two health nurses, and a clerical assistant were operating at Health Centres, branch clinics and schools.

The following table shows the number of acceptances, Mantoux positive and negative reactors, and also the number of children who were given B.C.G. vaccination:—

<i>Acceptances</i>	<i>Mantoux Positive</i>	<i>Mantoux Negative</i>	<i>Given B.C.G.</i>
2,598	564	1,925	1,919

A further follow-up scheme continues to operate for children who were originally seen by Dr. Hughes, Area Physician-in-Charge to the Medical Research Council, in 1952. Mantoux testing and B.C.G. vaccinations were originally carried out, and the children concerned, who left school in 1953, have been followed up annually and a special clinic at Gulson Road is made available to Dr. Mitchell who has succeeded Dr. Hughes. Health nurses assist where necessary and home visits are made for follow-up purposes.

Mass Radiography Survey of Teaching Staff and School Leavers

Following consultation with Dr. Gordon Evans, the Physician-in-Charge of the Mass Radiography Service, arrangements were

made to undertake a complete Mass Radiography Survey of teachers and children of 14+ years, together with children of 13+ years who had been included in our B.C.G. Vaccination Scheme and reported to be Mantoux positive.

Three centres were made available for the purpose, namely Broad Street Health Centre; Tile Hill Health Centre; and the Central School Clinic, Gulson Road. The number of school-children x-rayed was most encouraging, and some 500 more were seen than in 1956 (1957—4,242: 1956—3,721), but what is even more pleasing is that on this occasion over 500 school teachers attended for x-ray whereas in 1956 only 24 availed themselves of the opportunity. I am most grateful to Mr. Chinn, the Director of Education, for his valuable persuasive help in this connection. After consultations with the Assistant Education Officer (Special Services) and the Head Teachers, arrangements were made for teaching staff to attend the unit nearest to their school during school hours. Although this was a pleasing improvement on previous years, I would still stress the necessity for *all* teachers to submit to x-ray both in their own interests and of the children whom they teach.

The Unit can deal with a large number of people in a very short time (120 people each hour) and it provides a valuable ancillary means of detecting tuberculosis and other chest diseases.

A detailed report was submitted by Dr. Gordon Evans at the completion of the Survey and I am extremely grateful to him for the information given.

Plans are proceeding at the time of writing to increase the number of X-ray Centres during 1958, and I do hope thereby that this arrangement will encourage more teachers to attend.

The following table shows the number of school children, teachers and other miscellaneous staff who were x-rayed.

<i>Miniature film</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Schoolchildren	1,903	2,339	4,242
School Teachers	212	310	522
Other Miscellaneous Staff	5	32	37
	<hr/> 2,120	<hr/> 2,681	<hr/> 4,801

<i>Recalled for large film</i>			
Schoolchildren	61	62	123
School Teachers	6	4	10
	<hr/> 67	<hr/> 66	<hr/> 133

<i>ANALYSIS of Clinical Examinations</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Referred to Chest Clinic	8	5	13
Referred to Family Doctor	3	2	5
Other Abnormalities apart from tuberculous lesions of the lung ...	1	2	3
TOTAL	12	9	21

Handicapped Pupils

We are now in the position in Coventry that all handicaps, with the exception of blind and deaf, can be catered for locally from the educational point of view. A new residential school for delicate pupils (age 7-16 years mixed), with 120 places is due to open early in 1958, and two classes for partially deaf (ages 5-11 years approximately), are now in operation at Spon Gate School. A teacher trained at the Department for the Education of the Deaf, Manchester University, is in charge and a second teacher is now away being trained and due to take up duties in June-July, 1958. The small Spon Gate unit fits in remarkably well with the remainder of the Junior School: the partially deaf children are encouraged to go into hearing classes for as many subjects as they can manage as soon as they have learned to use their aid, and when speech and language understanding is reasonably established. A report from the teacher in charge, Miss Gardiner, together with other school reports, appears later herein.

A day school for educationally subnormal pupils (Three Spires School) was opened in September. This dealt effectively with many on the waiting list although we still need another day school in order to cater fully for our needs: the Education Committee has plans in mind for such a school.

Blind and Partially Sighted

Blind children from this area are accommodated at residential schools, mostly in Birmingham, whilst a few with other handicaps are suitably boarded elsewhere. Most of our partially sighted children attend the special classes attached to the school for physically handicapped children at Baginton Fields, but several children attend Exhall Grange Residential School which comes under the jurisdiction of the County Authority. In accordance with the advice of the officers of the Ministry of Education it is proposed that the classes at Baginton be attached, in time, to an ordinary day school because these children's ages range from 5-16 years and they need the company of ordinary sighted children of their own age.

Deaf and Partially Deaf

Coventry's deaf children are all at residential schools, mostly in the Birmingham and Staffordshire area. Partially deaf children

of junior and infant age groups attend the two special classes at Spon Gate Primary School under the headship of Miss Dooley. There are 14 children, age range 5 to 11 years in attendance. We now anticipate provision for the 2-5 year partially deaf children: a provision which is urgently needed. Much valuable time is lost for the teaching of language if a child is obliged to wait until he is 5 years of age before learning the correct method of communication with his hearing fellows. I would like here to express my appreciation of the help and co-operation which Miss Dooley has given to us at every stage during the development of these classes.

Educationally Subnormal Children

Provision for this category of child has materially altered during the last 6-7 years. Eight years ago we had one day school accommodating 90 children in a hopelessly inadequate building and two years later the Alice Stevens Day School was built. Five years ago Town Thorns with 60 mixed places was made available and, in 1957, Three Spires Day School with accommodation for approximately 75 was opened. The waiting list for ascertainment has increased, but this may in part be due to our lack of approved medical officers for the work of ascertainment. Borderline educable young children are given a trial at the Observation and Diagnostic Class before any decision is taken concerning their future.

The observation and diagnostic class attached to the Child Guidance Centre is of invaluable help to us in reaching a decision as to the educability of certain young problem children.

Epileptic

We find we have to deal with four main types of epileptic children:

1. Epileptic children whose fits are controlled, whose educability is normal and who remain in ordinary schools without detriment.
2. Epileptic children whose fits are more or less under control, but who are educationally subnormal and emotionally disturbed also. The majority of these children are in special day schools.
3. Epileptic children whose fits are controlled, whose main disability is an accompanying physical handicap and who usually attend schools for physically handicapped pupils.
4. Epileptic children of all grades of educability or varying emotional behaviour and social disorders whose fits are not controlled and who require residential treatment, usually in a colony. Only one such child was ascertained during 1957.

There are holiday schemes in existence for children in this category, run by the British Epilepsy Association, and during 1957 3 children were accepted for such holidays.

Maladjusted

Children in this category continue to be a problem to teachers, medical officers and to the personnel of the Child Guidance Centre. It is quite vital to have appropriately qualified staff with the right type of personality to deal with these children, whose numbers are increasing at the clinic. All of these children are now dealt with through the Child Guidance team. Cromers Close Hostel (for 12-16 children) is doing good work in the general scheme of rehabilitation. Some children, by the very nature of their disability, must go to residential schools for maladjusted children further afield. Much work is being performed both in the school and in the home, and indeed, co-operative parents are of real moment for, in the final analysis, success or failure really depends upon them.

Physically handicapped

This category is well catered for in Coventry. The Day School at Baginton caters for the majority and where residential accommodation is necessary the Warwickshire Residential Schools for both senior and junior physically handicapped children absorb our numbers. The age group of physically handicapped from 2-16 years is now reasonably covered. We still encounter difficulty in placing children suffering from multiple handicaps. An account of the work at the day school at Baginton Fields by the Headmaster appears later in this report. He reports with particular pleasure the opening of a Nursery for the treatment of 2 to 5 years old children (six only for the time being) having conditions of cerebral palsy: this was a much needed requirement.

Delicate

With the building of the new residential school at Corley not yet completed, the age group 7-11 were catered for in the remaining buildings on the site: but those in the 11-16 years age group had, where necessary, to be sent to residential schools elsewhere in the country. We continue to find far more children in poor physical condition than we might reasonably have expected in these presumably enlightened days. When we consider that good food and sleeping facilities and responsible instruction within a stable and healthy environment (besides regular education) are the basic commodities usually found at a residential Open-Air School, there is yet room to wonder why it is that within the ordinary homes of a proportion of these children some of these necessary requirements are lacking. Maybe, for example, the food and the beds are ample and reasonable but sometimes, and quite tragically, the stability and responsibility are lacking.

During 1957, 110 children were ascertained as being delicate.

Diabetic children, although included in this category, do not usually provide a serious problem to deal with. Most diabetic children in Coventry are accommodated in ordinary day schools. There is only one diabetic child requiring special educational treatment. Under the holiday schemes arranged for these children, 5 were accepted and duly went on holiday during the year.

Speech Defects

No Coventry child suffering from a speech defect was ascertained as in need of special educational treatment during 1957.

Conclusion

It would be inappropriate if I concluded my commentary without a deserved reference to the work of Mr. Mathew Raeside, your Principal School Dental Officer until 4th October 1957, when he retired with 37 years' service in Coventry to his credit. Mr. Raeside was a kindly, conscientious man with a vocation for his work as a children's dentist and from whom one could expect and had the utmost co-operation at all times in the interest of school-children. He saw the school dental service built up to an efficient organisation with staff adequate to cater for both the curative and *preventive* aspects of dentistry. It was a sad day for him, as indeed for us all in the service, to witness the departure of valued and irreplaceable staff when the National Health Service Act provisions came into effect.

In wishing Mr. Raeside well in his retirement I would welcome Mr. J. A. Smith, who has been appointed to succeed him and I trust he will be most happy in his new post.

The Superintendent Health Nurse draws attention (page 36) to the benefits which have accrued during the last few years from the integration of the Health Visitors' and School Nurses' work and this emphasises remarks made in my reports of previous years.

I would wish to express my thanks to all those Consultants who provide their services so willingly in the interests of schoolchildren both at our Clinics and within the hospitals. My appreciation too is extended to the Director of Education, his administrative staff and all head-teachers in Coventry schools for their helpful co-operation and liaison throughout the year.

My thanks are due and willingly given to all members of the School Health Service staff, in whatsoever sphere they may be engaged, for their industry and loyal assistance and I am grateful to Dr. M. M. R. Gaffney and Mr. E. A. Moore for their much appreciated help in the preparation of this report.

To the Chairman and members of the Special Services Sub-Committee and the Special Schools Sub-Committee I extend thanks both on behalf of my staff and myself for their interest in the work of the department during 1957.

I am, my Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

Thos. Clayton

Principal School Medical Officer.

School Population, Accommodation, Attendances

At December, 1957, there were 103 Primary and Secondary Schools (including the City of Coventry School) under the control of the Local Education Authority, viz.:

- 71 Primary and all age schools with 99 departments
- 15 Secondary Modern Schools with 22 departments
- 4 Secondary Selective Schools
- 7 Comprehensive Schools
- 6 Special Schools

The Primary, Secondary and Special Schools are divided as follows:

- 78 County Schools with 112 departments
- 12 Voluntary C.E. Schools with 12 departments
- 13 Voluntary R.C. Schools with 14 departments

Number of children on registers, January 1957	...	...	47,609
Number of children on registers, December 1957	...	...	48,351
Average Percentage attendances	...	...	91.01
Number of children attending Independent and Private Schools	2,741		
Estimated total population of the City of Coventry	...		277,300

REPORTS FROM SPECIAL SCHOOLS AND CLASSES

Baginton Fields School for Physically Handicapped Pupils

Dr. M. M. R. Gaffney reports:

"We are very gratified by the continued progress shown by children at this school. The results of special educational treatment and medical treatment combined are very apparent in the older age group 14-16 years, some of which children have been at the school almost since it opened. It is true that the building is old and in continued need of repair, but those of us who work in it are agreed that there are many compensations apart from the children's progress. There is plenty of space and light, and since the minor alterations and interior decorating was completed, I think it one of the most cheerful places I know. Though there are plans for a new day physically handicapped school to replace this building, we shall all have certain regrets about leaving it.

In addition to the medical progress, I am very interested in the work being done at Baginton on space perception difficulties. The staff are keeping themselves well up to date with the latest advice from the experts in this field. We have a few examples already of the successful application of new methods to selected children—previously they had made very little progress indeed, especially in reading.

The medical unit is working very well as part of the school, and the visits of the Consultants, Dr. Parry Williams, paediatrician, and Mr. Penrose, orthopaedic surgeon, are eagerly awaited and are

appreciated by the teachers as being essential to the school routine. I cannot begin to say how indebted we are to these consultants for their deep interest, their continued co-operation, and their kindly understanding of the problems that beset a school like Baginton.

I would also like to thank Mr. Groves, Ophthalmic Consultant, for his co-operation in the matter of the partially sighted classes. He holds a special session at intervals entirely confined to the partially sighted children from Baginton at the Out-Patients' Department of the Coventry and Warwickshire Hospital. This arrangement is very satisfactory—doing away with the necessity for obtaining frequent individual reports and interviews throughout the year. The two partially sighted classes are doing well.

All leavers are seen at a conference held in their penultimate term and here the Head Teacher (and class teacher if necessary), the Educational Psychologist, the Youth Employment Officer, the Assistant Education Officer for special services and myself discuss suitable employment. The child is always seen and encouraged to give views. It is rather sad sometimes to have to advise children against some job they have set their hearts upon: because of a physical disability which may progress in adult life to invalidism or semi-invalidism. Parents are also seen, chiefly by the Youth Employment Officer who is in a position to give the views of potential employers as well as parent and child.

I still think that Baginton Fields School carries a far heavier load of seriously handicapped children than any other day school I have visited. No children were discharged under Section 57 (3) during 1957. One child, a victim of old poliomyelitis with respiratory complications, died. Apart from usual minor ailments there was an outbreak of influenza (as part of the major outbreak in the City), which cut the school attendance down temporarily to a quarter of the total, but had no serious sequelae. The school attendance under ordinary circumstances is remarkably good.

Mrs. Player, S.R.N., attends during school hours and deals with all the minor ailments, accidents and routine testing. She is also responsible for carrying out the directions of the Consultants and myself and undertakes the home visiting as well. She has some very difficult home visits at times—parents have just as much "concern" for their handicapped children as parents of any other children.

The Orderlies act as escorts, take part in helping to supervise meals and toilet, and take the children to and from medical treatment within the school. One Orderly drives the school ambulance which is used to collect the more serious cases as well as taking them to outside clinics."

Baginton Fields School

Mr. L. Bowstead, Headmaster, reports as follows:

"I should like to comment on two matters. Firstly, the opening (in September 1957) of the Nursery, in accordance with the Authority's powers under Section 33 of the 1944 Education Act, has enabled treatment of physically handicapped children from the minimum statutory age, i.e. two years, right up to 16 years, within the school itself (and even for an additional two years up to the age of 18 where necessary). The value of this to the children and staff is at once becoming quite obvious.

Secondly, I am happy to pay tribute to the wonderful co-operation shown by the members of the school staff in their various branches and professions, both educational and medical, within the framework of school itself, and the School Health Department. This teamwork enables us to take the greatest advantage of every opportunity to improve the condition and well-being of the handicapped children entrusted to us.

Mrs. M. M. Halls, Superintendent Physiotherapist, reports as follows:

With four members of staff and the assistance of an Orthopaedic Nurse, we cover 370 treatments per week, varying from 20 minutes to an hour, according to severity and condition.

One baby, under statutory age, attends for treatment twice a week, outside school hours, by kind permission of the Education Committee.

Bronchiectasis and post polio conditions are treated mainly by Mrs. Howitt—133 treatments per week.

Mr. Peberdy, Remedial Gymnast, gives attention in his trained capacity to the heavy rehabilitation cases of which we have an enhanced number. Since the opening of the school, severely handicapped children have not only increased numerically but their weights and statures, generally speaking, have also increased quite considerably. Mr. Peberdy covers 148 treatments per week.

Mrs. Jones, who is a qualified orthopaedic nurse, when free from Orderly duties, attends to 23 cases requiring Orthopaedic supervision and maintenance.

Since the fortuitous opening of the Nursery for the treatment of early spastic conditions, work on a neuro-physiological basis has increased by six additional patients. Mrs. Thomas, Physiotherapist, and I cope with the intensive treatment required on these lines. The younger children are showing good and satisfactory progress from this specialised approach and the number of treatments given per week averages 66.

The members of the Department wish to thank all who help and enable us to carry out treatments in a school where organisation is a task of some considerable importance and requiring much ingenuity."

Mrs. Roberts, Speech Therapist, reports as follows:

"The number of children receiving speech therapy at Baginton Fields School has increased this year from 26 to 29, the highest number treated to date.

The Nursery Block having been opened, three children from this department have been included in the Speech Therapy time-table, and when vacancies occur it is hoped to treat more of these young children.

The following tables show the distribution of defects in the 29 cases treated, and also the number of treatments per week:

<i>Defect of Speech</i>	<i>Number of children</i>
Dysarthria	17
Dyslalia	10
Stammer	1
Hyper rhynolalia	1

<i>Number of Treatments per week</i>	<i>Number of children</i>
4	1
3	10
2	13
1	5

With the exception of the additional three Nursery children there has been little change in the children attending for Speech Therapy. However, it has been a year of progress at the end of which five or six children will be due for discharge, enabling others who have been awaiting treatment for a term or more to be included in the time-table."

Alice Stevens School

Dr. T. J. G. Howie, School Medical Officer, reports as follows:

"The health of the children continued to be satisfactory but the 'flu epidemic towards the end of the year caused considerable upset at the school, with attendances falling to as low as 40%. One girl was sent for long term convalescence for debility, and a boy and a girl were transferred to Town Thorns Residential School because of unsatisfactory home conditions. A special place is being sought for one boy at Exhall Grange Special School for physically handicapped and partially sighted pupils, because of deterioration in his physical condition.

Speech Therapy continues and two sessions per week are held where eight pupils are receiving instruction at the moment.

There were two exclusions under Section 57 (3) of the Education Act 1944 for ineducability. School leavers are examined and tested under Section 57 (5) and the question of suitable employment is

discussed with the parents and headmaster. Due to lack of time, very little routine intelligence testing was undertaken.

Three Spires Day School for educationally subnormal children

This school was opened in the building previously used as part of Churchfield High School in September with 75 pupils aged 7 to 11 years, under the headship of Mr. Monks. A report on the work of this school will be available in 1958."

Corley Residential School for delicate pupils

Dr. M. M. R. Gaffney, Senior School Medical Officer, reports:

"The numbers at the school are still the same as in 1956 and the new building should be ready early in 1958.

The age range is 7-11 years and the predominant complaint on admission is asthma and bronchitis, but, as has always been our experience, very few attacks of asthma and indeed very few illnesses of any importance occur once the children have settled down.

However, we did have an outbreak of influenza in September, 1957, which had serious impact. Twenty-six children out of thirty-six, and almost all members of the staff were affected, and in view of the partly demolished state of the building it was very difficult to nurse the children during the acute stages. The school was visited by the local general practitioner, Dr. Edwards, or his colleague every day, and also by myself, and by keeping the six most seriously affected children in the sick bay during this acute phase, we were able to carry on without sending any children home. In view of the relapses, which in this country were apparently a feature of the outbreak, careful supervision had to be exercised in the dormitory afterwards. Girls were being accommodated at Corley at that time and we have the nurses and teachers to thank for the fact that the outbreak passed over so well. Some daily help was offered by the school health nurses though their numbers were also depleted by the epidemic, but in the main Mrs. Brown, S.R.N., coped with the situation by doing overtime work.

I visit this school twice weekly and before a child is discharged a report goes to Consultants, family doctors, Child Guidance, etc., and a note is made for the guidance of the Health Nurse who will undertake follow-up visits at the child's home for at least six months after discharge.

During the year 109 children were admitted to the school. Mrs. V. Spencer is headmistress."

Paybody Hospital School

Miss Craven, Headmistress, reports as follows:

"The year 1957 was similar in many respects to all previous years, except that a small influx of children in the Autumn filled

the hospital. Until that time numbers had been rather low, but the influx, mainly of paralytic polio cases, necessitated a re-arrangement of age-groups for teaching purposes, and a morning nursery class was formed. No class was necessary in the afternoon, as all the children concerned received thermal bath treatment.

During the year, 127 children received attention, and all were in school for the period of their treatment.

There were 67 boys, 45 girls, and 15 nursery children (boys and girls).

As reported in previous years, many of these cases were in hospital for very short periods.

For period of less than one month	...	...	...	...	46
From 1—3 months	...	...	...	...	37
From 3—6 months	...	...	...	...	20
6 months and over	...	...	...	...	24

The disabilities treated during the year were:

Perthes disease	...	...	...	...	16
T.B. bone conditions	...	...	...	...	15
Slipped epiphysis	...	...	...	...	6
Recurrent osteomyelitis	...	...	...	...	4
Paralytic poliomyelitis	...	...	...	...	9
(Nursery)	...	...	...	...	11
Old poliomyelitis	...	...	...	...	9
Fractures	...	...	...	...	7

Together with club foot, torticollis, spasticity and many minor troubles.

Regular dental treatment has been given.

The children are happy, and make excellent progress both physically and mentally."

Partially Deaf Unit, Spon Gate Primary School

Miss M. L. Gardiner, Teacher-in-Charge, reports as follows:

"I took up my duties as Teacher-in-Charge of the Partially Deaf Unit at Spon Gate Primary School on April 30th 1957. I took over from Miss Barnes, a qualified teacher for hearing children, who had been temporarily in charge since the previous November when the first teacher of the deaf had left. The Partially Deaf Unit was opened in April 1956.

The number of children on roll when I came was ten, five girls and five boys, and their ages ranged from 5 years 8 months to 8 years 5 months. Since then two children have left, one having gone to Needwood School for the Deaf and the other having returned to his former school, and four others have been admitted bringing our present total to twelve, organised in two classes. All the children reside in Coventry.



When I came each child had a government supplied Medresco aid of the old type with a heavy leather case for the batteries, the whole thing weighing about $1\frac{1}{2}$ lbs. Since then we have changed the cases for lighter plastic ones, and the Committee has supplied us with an Amplivox Auditory Training Unit. We also have a record player and a very good tape recorder. This to date completes our electrical equipment but we are hoping to have in the near future a group hearing aid, probably of the induction loop type, and this will be an immense help as it incorporates small individual transistor type aids which will enable us to dispense with the heavy Medresco ones. These Medresco aids are excellent for their performance and the children's speech has improved considerably through their continual use, but they are heavy and cumbersome for little children to wear, and they suffer damage easily so that the servicing kit and the three spare aids supplied to me by the Hearing Aid Clinic of the Coventry and Warwickshire Hospital are in continual demand. The Hearing Aid Clinic is most helpful in immediately repairing broken aids, and fitting new ear moulds, etc. and the technicians are always willing to help in any way they can.

The children's hearing losses range from 30 to 90 decibels and as is to be expected the standard of speech varies accordingly. It is gratifying to see the results of the daily periods of auditory training.

The Educational Psychologist has tested each child's intelligence, relying mainly on performance types of test and we have similar disparities in I.Q.'s as in hearing losses.

However, despite the various handicaps of defective vision, hearing loss, facial paralysis, hydrocephalus, etc. we feel that excellent work is being done through the happy co-operation of all who contribute so wholeheartedly to the all round development of these handicapped children. The doctors, nurses, education officers, staff of the hearing school, audiometrician, hearing aid technicians, parents, escorts, etc., all have their own particular roles to perform, and the children are grateful for such support showing it by the friendly trust with which they respond.

Our aim is to educate these children who have been ascertained to be in need of special education in a happy oral atmosphere enabling them wherever possible to take their place in a normal hearing school. One boy has been in the first year hearing class of juniors since last September, coming to me every morning before school for auditory training and speech work. His class teacher has done excellent work with him and we hope that he will go far.

We have joined in with the rest of the school at swimming and already two of our children can swim. On Open Day the Partially Deaf children gave a short display of dancing and at Christmas produced a mime. We are preparing to enter the school sports and are saving our money to go on the school outing to Windsor in the summer. We integrate with the hearing children in every way possible.

We have a weekly attendance by our own school nurse for dealing with minor ailments, ears and inserts, impacted wax, etc. She is a great friend of the children and most helpful in many ways. We are very fortunate in having the services of Mr. Kander the aural consultant of the Coventry and Warwickshire Hospital, and he visits the Unit once a term.

The choice of this school as a centre for a group of handicapped children was a most happy one and the children are accepted as part of the school. There is 100% co-operation and we have every hope of continuing and furthering the good work for the deaf which has begun in this school."

Child Guidance Centre

Dr. S. W. Gillman reports as follows:—

"The progress that was anticipated at the Clinic was not very marked this year as some of the help that was expected was not forthcoming. The Ministry of Health has postponed their approval of a Child Psychiatrist for Coventry for twelve months, and therefore individual psychotherapy of the children suffered as my Senior Registrar was unable to continue with individual treatment. This was given by myself and my Registrar.

More and more cases are being seen that require treatment, and this will require an increase in personnel, and it is hoped that more accommodation will be available soon.

In 1957 some 117 new cases were seen and 702 visits for treatment were made.

The Children's Psychiatric Unit at Stratford-on-Avon has taken in three cases during the year and this has been a great help in diagnosis and therapy. At the same time, cases have had to be admitted both to Leigh House (two) and the Central Hospital (four). A Children's Psychiatric Unit in Coventry would be a great help, but it will have to wait until the new hospital in Coventry is built.

The work at the Child Guidance Centre progresses in great harmony.

I wish to thank the School Medical Officer and the personnel at the Centre for their assistance and co-operation during this year."

School Psychological Service

The following report has been submitted by Mrs. P. E. Hedges, Educational Psychologist:—

"Shortage of staff, insufficient room for interviewing and a large waiting list continue to present problems to the School Psychological Service.

The full time staff for 1957 consisted of two educational psychologists, one psychiatric social worker, one social worker, two

remedial teachers and one teacher in charge of the special Observation and Diagnostic Class. A third psychologist was appointed on a temporary basis for the last four months of the year and the second remedial teacher took up his appointment in September. The vacancies for two additional psychiatric social workers remained.

By arrangement with the Regional Hospital Board the Consultant Psychiatrist continued to attend for two sessions each week and for a third session once a fortnight. The Registrars attended for additional sessions when possible. The negotiations with the Regional Hospital Board and Ministry of Health resulted in the approval of a full time psychiatrist but for the time being in principle only.

The Senior School Medical Officer attended for one session each week and medical examinations were carried out on 112 children.

In view of the growing waiting list many children referred in 1956 were not seen as the number requiring urgent appointments in 1957 became greater. Even with children requiring this urgent attention there is a waiting period up to three months. Of the children referred in 1957, 28 awaited interviews at the end of the year.

464 new cases were seen by the Educational Psychologists. Of these 288 were also investigated by the Social Workers and 122 were referred to the Psychiatrist.

Source of Referral

Head Teachers	...	...	...	...	...	270
Education Officers	...	...	...	...	...	23
School Medical Officers	...	...	...	...	...	62
Paediatrician and other hospital specialists	...	...	...	...	...	18
General Practitioners	...	...	...	...	...	34
Probation Officers	...	...	...	...	...	23
Children's Department	...	...	...	...	...	2
Parents and others	...	...	...	...	...	32

Problem

Nervous Disorders	...	...	...	...	...	41
Habit Disorders	...	...	...	...	...	42
Behaviour Disorders	...	...	...	...	...	108
Organic Disorders	...	...	...	...	...	4
Psychotic Behaviour	...	...	...	...	...	6
Educational Difficulties	...	...	...	...	...	258
Unclassified	...	...	...	...	...	5

Disposal after investigation

No action	...	...	...	...	...	...	94
To be reviewed	...	...	...	...	...	...	175
Group therapy by a Psychologist	...	...	...	...	...	...	35
Individual treatment by a Psychologist	...	...	...	...	...	...	20
Individual treatment or psychotherapy by a psychiatrist	...	...	...	...	...	...	42
Remedial treatment	...	...	...	...	...	...	25
Work with parents by social workers (plus majority of cases receiving treatment above)	...	...	...	...	...	...	13
Day school for E.S.N. children	...	...	...	...	...	...	26
Residential school for E.S.N. children	...	...	...	...	...	...	6
Residential school or hostel for maladjusted children	...	...	...	...	...	...	5
Special schools for various physical handicaps	...	...	...	...	...	...	3
Hospital treatment (psychiatric)	...	...	...	...	...	...	4
Referral to other specialists, e.g. paediatrician	...	...	...	...	...	...	9
Observation and Diagnostic Class	...	...	...	...	...	...	2
Other forms of education	...	...	...	...	...	...	4
Ineducable	...	...	...	...	...	...	1

Treatment Interviews

Psychiatrists	...	...	...	...	...	...	620
Psychologists (including group therapy)	...	...	...	...	...	...	915
Social Workers	...	...	...	...	...	...	910
Remedial Teachers	...	...	...	...	...	...	1,413

Follow up appointment to check on progress of children seen in previous years or earlier in 1957:

Psychiatrist	...	...	...	...	...	...	78
Psychologists	...	...	...	...	...	...	224
Social Workers	...	...	...	...	...	...	161
Remedial Teachers	...	...	...	...	...	...	28

Sixteen children attended the Observation and Diagnostic Class. Of these three were passed to the Mental Health Authority, six were recommended for admission to a day school for E.S.N. children, one to the partially sighted unit at Baginton Fields School, and six remained in the Class.

Liaison continued with the various schools for maladjusted children where children have been placed, and with Cromers Close, the Hostel for maladjusted children."

Chiropody

Report of Mr. A. T. E. Freke, School Chiropodist:

"During 1957 more patients were seen than in any year since a Chiropody Clinic began, a total of 2,207 treatments being given. A rather larger number of children with valgoid feet and other minor deformities were seen this year than previously, and who have responded well to treatment.

A number of extra sessions were undertaken by myself when the need arose, and the waiting list became a little unmanageable. More General Practitioners appear to be taking advantage of the facilities of the chiropody clinic and a number of children have been referred to the clinic by them.

During 1957 a total of 2,207 treatments were given.

490 new cases were seen.

452 patients were discharged cured.

4 patients were referred to the orthopaedic clinic for further advice and treatment.

5 cases were referred to the dermatological department of the Coventry and Warwickshire Hospital."

Dental Report

Mr. J. A. Smith, Principal School Dental Officer, reports as follows:

"In this, my first report, I must pay tribute to my predecessor Mr. Raeside who retired early in October 1957, having served this Authority loyally in the capacity of Principal School Dental Officer for thirty-seven years. On his departure he expressed his bitter disappointment that the School Dental Service, which prior to 1948 was comparatively promising, has subsequent to the introduction of the National Health Service, suffered serious setbacks which have left it inadequate to offer a full dental service for the increasing school population of Coventry. I can only endorse this, and the acute shortage of dental surgeons in this country is likely to become even more serious during 1958 when an unusually large number of retirements from practice is anticipated.

Bad as the position is with almost every local authority, Coventry is one of the most disastrously understaffed. We have one full time assistant (Mr. M. L. Hooker), and one part time assistant (Mrs. S. M. Kennedy) who joined us in January 1957 and who attends for five sessions each week. A recent survey of eighteen West Midland Authorities showed Coventry to be in the worst position, with an average of one dental officer to 20,916 children. This compares with the next worst of 13,357, and the best of 4,850. A satisfactory figure to allow regular inspection and necessary treatment is 3,500 per dental officer, and so of course it can only be reported that it is unlikely that it will be possible to carry out inspections at schools until the position improves considerably. Repeated advertisements in the British Dental Journal fail to attract any response.

The trend of having to devote more time to the extraction of permanent teeth, and less to their conservation, continues, and with the further deterioration in our staffing position (the retirement of Mr. Raeside) this decline can only be expected to accentuate. It is a sad state of affairs when doctors examining school children,

toddlers at the infant welfare centres, and ante-natal patients (the classes designated as 'priority') must be asked not to refer such patients for dental treatment except in cases of pain or sepsis. The ideal of prevention being better than cure, must be sacrificed when our entire resources are employed to relieve such conditions as cannot be ignored.

I can only urge all who have any contact at all with children to encourage them in oral hygiene. There is not always opportunity to brush the fermenting debris from the teeth whenever food is taken, but intelligent rinsing with clean water can often be substituted for such brushing, and if parents and teachers instructed the young in this important item of hygiene it might reduce the incidence of caries to some extent.

There is an arrangement for dentures to be provided by a dental practitioner for those children where front teeth have to be lost either through accident or decay, and during the year twenty-nine such dentures were fitted.

A very limited number of difficult cases have been treated by an orthodontic consultant, who commenced thirty new cases during the year, but it was a very great disappointment indeed when this limited but valuable service terminated in December 1957, as far as the commencement of treatment for new cases was concerned, and I sincerely hope that the difficulties will ultimately be resolved.

My report would not be complete without expressing my appreciation to those who work in the dental department, the assistant dental officers, Mr. M. L. Hooker and Mrs. S. M. Kennedy, our willing anaesthetist, Dr. K. M. Park, and the dental attendants, whose tasks are made no easier by the difficult circumstances."

	<i>Primary and Secondary</i>	<i>Infant Welfare</i>	<i>Ante- Natal</i>	<i>Totals</i>
Fillings—Permanent ...	3,380	—	1	3,381
Fillings—Temporary ...	101	12	—	113
Extractions—Permanent	4,310	—	35	4,345
Extractions—Temporary ...	8,931	408	—	9,339
Other operations ...	913	2	1	916
Administration of General Anaesthetics ...	2,190	137	12	2,339
Attendances ...	12,807	323	43	13,173

Ear, Nose and Throat Sessions

Mr. Kander, Ear, Nose and Throat Consultant, reports as follows:

"In September 1957 Mr. P. E. Roland went to Kampala, Uganda, having been seconded by the Colonial Office to organise a new Ear, Nose and Throat Department there. Since then I have been doing a session every other week. I can, therefore, report only on the work of the last four months of 1957.

During the year the epidemic of Poliomyelitis caused us to stop all nose and throat operations for several months. This was a set-back for the waiting list for tonsil and adenoid operations which before the epidemic was practically non-existent. It is hoped, however, that the waiting list will gradually be reduced again.

The rehabilitation of the deaf child is becoming our major pre-occupation and the opening of a class for partially deaf children at Spon Gate School during 1956 is a big step forward. We are looking forward to an addition of a Nursery Class for children between two and five years of age, at this School.

Close co-operation between the Ear, Nose and Throat Clinic at Gulson Road, the Outpatients' Department of the Coventry and Warwickshire Hospital, and the Audiometric and Hearing Aid Departments, has been maintained and furthered, and I should like to thank the Nurses (in particular Nurse George) Miss Morris, the Audiometrician at the Coventry and Warwickshire Hospital, and the clerical staff for their help."

Heart and Rheumatic Clinic

Dr. H. Parry Williams reports as follows:

"During the year 47 new cases were seen at this clinic, the diagnoses being as follows:—

Functional heart murmurs	...	...	...	26
Rheumatic conditions:				
Mitral valve disease	...	...	...	2
Aortic regurgitation	...	...	...	2
Congenital diseases:				
Pulmonary stenosis	...	...	...	1
Aortic stenosis	...	...	...	5
Ventricular septal defect	...	...	...	5
Atrial septal defect	...	...	...	4
Extrasystole	...	...	...	2

One of the main functions of this clinic, apart from the diagnosis of cardiac murmurs, has been to stress the importance of children being allowed to live normal lives except in a minority of cases; thus, unnecessary cardiac invalidism is avoided.

Dr. I. R. Gray continues to join Dr. Paul Davison and myself at our screening clinic, thus ensuring that children leaving school have continuity of observation.

We are very grateful to Mr. Collis and Mr. Abbey Smith, who carry out the surgery. It is hoped that in the future operation will gradually become more and more common upon atrial and ventricular septal defects.

In conclusion, I would like to express my thanks to Dr. Clayton and his staff for their co-operation during the year."

Orthopaedic Arrangements

As in previous years the arrangements regarding Orthopaedic Cases have continued to be most satisfactory. Cases are referred to the Orthopaedic Consultant at Paybody Clinic, following Routine Medical Inspection, special requests are received from General Practitioners, and some cases are referred by the School Chiropodist. When special educational treatment is required the cases are referred back for ascertainment purposes, and the Director of Education notified accordingly. All Head Teachers are advised of any special recommendation, such as being excused from assembly, competitive exercises or games.

A few cases are considered to be unsuitable for attendance at any type of school, and here the Senior School Medical Officer visits the home, and if necessary arrangements are made for the child to receive home tuition—pending full, or partial recovery.

It will be seen from the following table that a total number of 631 cases were seen during the year and the required treatment was carried out such as remedial exercises under supervision, massage, physiotherapy and surgical appliances. A few cases received operative treatment.

TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPAEDIC CLINIC

Year ended December, 1957

						Boys	Girls	Total
Apophysitis	...	...	...	...	...	1	—	1
Arthrodesis	...	...	...	...	...	1	—	1
Bunions	...	...	...	...	...	2	4	6
Bursa	...	...	...	...	...	4	3	7
Chondritis	...	...	...	...	...	—	1	1
Chronic strain (of leg)	...	...	...	...	...	—	1	1
Claw toes	...	...	...	...	...	3	1	4
Curled toes...	...	...	...	...	...	2	1	3
Cyst	...	...	...	...	...	2	3	5
Deformed toes and feet	...	...	...	...	...	2	3	5
Epiphysitis	...	...	...	...	...	6	4	10
Exostosis	...	...	...	...	...	1	5	6
Foot strain	...	...	...	...	...	1	1	2
Ganglion	...	...	...	...	...	1	—	1
Genu valgum	...	...	...	...	...	14	26	40
Genu varum	...	...	...	...	...	1	1	2
Haemotoma	...	...	...	...	...	1	1	2
Hallux rigidus	...	...	...	...	...	2	7	9
Hallux valgus	...	...	...	...	...	6	15	21
Hammer toe	...	...	...	...	...	1	6	7
Kyphosis	...	...	...	...	...	1	1	2
Metatarsalgia	...	...	...	...	...	2	—	2
Metatarsus varus	...	...	...	...	...	1	4	5
Osgood Schlatters disease	...	...	...	...	...	4	2	6
Osteochondritis	...	...	...	...	...	—	1	1
Osteomyelitis	...	...	...	...	...	3	2	5
Overlapping toes	...	...	...	...	...	2	—	2
Pes cavus	...	...	...	...	...	3	3	6
Pes planus	...	...	...	...	...	36	41	77
Poliomyelitis	...	...	...	...	...	20	11	31
Poor posture	...	...	...	...	...	—	4	4
Scoliosis	...	...	...	...	...	3	2	5
Spastic right sided hemiplegia	...	...	...	...	...	—	1	1
Spastic left sided hemiplegia	...	...	...	...	...	1	1	2
Spastic diplegia	...	...	...	...	...	—	1	1
Spina bifida occulta	...	...	...	...	...	—	1	1
Sprain (ankle)	...	...	...	...	...	2	—	2
Synovitis	...	...	...	...	...	1	—	1
Spinal deformity	...	...	...	...	...	—	1	1
Toes turn in	...	...	...	...	...	3	—	3
Trigger thumb	...	...	...	...	...	—	1	1
Torticollis—left sided	...	...	...	...	...	—	2	2
Torticollis—right sided	...	...	...	...	...	1	1	2
T.B. hip	...	...	...	...	...	1	—	1
Valgoid ankles	...	...	...	...	...	34	20	54
Valgoid feet	...	...	...	...	...	2	1	3
Miscellaneous	...	...	...	...	...	149	127	276
Total	...	...	...	...	...	320	311	631

Miss Lloyd, Superintendent Health Nurse, reports as follows:

“In spite of changes and fears of what might be the outcome of amalgamation, I think it is true to say that the work of the school nursing staff has not suffered, in fact the change has brought about better understanding between the two departments.

The Health Visitor, who previously dealt with the pre-school child and the family after school age, now has greater continuity in her work; and the School Nurse, who previously did school work alone, now assists from time to time in various welfare centres, and is in much closer contact with her health visitor colleagues. As a result we now refer to the staff as “Health Nurses” following the amalgamation in 1954.

Since the amalgamation, three school nurses have qualified as health visitors, and four more are taking the course. This extra training, whilst it will in the long run benefit the department, has, during this period, sadly depleted our staff of well-established school nurses. We have, however, been helped by the appointment of temporary school nurses, who have done valuable work in helping us over a difficult period.

All school medical inspections have been carried out without delay, and are up to date. The follow-up of children seen at routine medical inspections and routine hygiene inspections accounts for a great deal of the health nurses’ time, and, whilst parents may be present at inspections, it is found that home visits afford an opportunity for any advice given to be discussed, if necessary. These home visits also make for better understanding between the parents and the School Health side.

During 1957, 2,748 visits were paid to school children in their own homes, following:

- routine medical inspections,
- neglect, and verminous conditions,
- infectious diseases,
- orthopaedic, E.N.T., and visual defects,
- behaviour difficulties,
- environmental conditions,
- surveys, etc.

During the year statutory cleansings under Section 54(2) were 866. Statutory cleansings under Section 54(3), one. Also during 1957, health nurses assisted at the poliomyelitis vaccination clinics, when 12,013 children received complete vaccinations.

The eleven nursery schools are visited at least once a week by health nurses; and close observation is kept on children attending. Home visits are usually paid during the evenings, as these mothers are at work in the day time.

Alice Stevens School (day school for educationally sub-normal pupils) is visited each day by a health nurse for half-day sessions.

Three Spires day school for educationally sub-normal pupils, which was opened in September, is also visited once daily. Baginton Fields day school for physically handicapped pupils has a full-time health nurse who maintains close liaison with the homes.

Health education talks are given from time to time in the schools, and it is hoped that these will be extended when the staff now in training return as fully qualified health nurses.

Seven health nurses attended refresher courses during the year, and two others took a further training at Manchester on "Diagnostic Tests of Hearing in Theory and Practice". This followed training received in Coventry last year from Dr. Taylor, of the Manchester University Department of Education of the Deaf, when 24 health nurses attended the course, and there was a 100% pass—which was considered a great achievement by Dr. Taylor, who spoke of the candidates as second to none whom he had tested.

During the year we lost six of our staff, one on account of retirement, two on marriage, two because of pregnancy, and one transferred to the Midwifery Service.

The year can be recorded as one of progress fraught with great difficulties, owing to changes of staff and an exceptional amount of prolonged sickness apart from the common cold.

The work of the department could be made more effective if the establishment could be increased."

Speech Therapy

Miss Carr, Speech Therapist, reports as follows:

"It so happened that during the year 1957 fewer cases than usual were referred for speech therapy at Gulson Road School Clinic. This enabled us to reduce the waiting list to a lower figure than ever before and cases could therefore be treated much sooner after referral.

In the Autumn Mrs. Bell and I again observed the Deaf Classes at Spon Gate School. We were very impressed by the work being done there. Some of the children were previously known to us and their speech and language ability had greatly improved."

Mrs. Bell, Peripathetic Speech Therapist, reports as follows:

"During 1957 the waiting list for Speech Therapy has been considerably shortened, but new housing estates opening in the Bell Green area have added to the list at Courthouse Green and another session has been allocated to that clinic.

In October a special visit was made to Our Lady of the Assumption School at Tile Hill. Several children were found to be in need of Speech Therapy and others were noted for review in twelve months. Arrangements are being made for a branch clinic to be opened in the Health Centre at Tile Hill so that these children may

be seen within a reasonable distance of home and school—a factor which makes for more regular attendance and better response from parents.”

Diphtheria Immunisation

As in previous years Medical Officers have continued to visit primary schools for the purpose of immunisation, and a special session has been arranged on a Saturday morning at the school clinic, Gulson Road. It was necessary, however, to cancel this clinic towards the end of the year in order to deal with the requests for vaccination against Poliomyelitis. During the year, 1,001 children received primary injections and 2,351 children were given booster doses.

The incidence of Diphtheria continues to fall both nationally and locally. The following table shows the number of cases notified since 1947.

<i>Year</i>	<i>Cases</i>	<i>Number of deaths of which none were immunised</i>
1947	53	2
1948	12	—
1949	12	2
1950	7	—
1951	3	—
1952	—	—
1953	—	—
1954	—	—
1955	2	—
1956	—	—
1957	—	—

I greatly value the co-operation and assistance given to my staff by all Head Teachers during the immunisation sessions. Although the incidence has fallen considerably, it is important that publicity should continue in order to prevent parents being lulled into a sense of false security.

City of Coventry School (*previously known as Wyre Farm Camp School*).

Dr. P. N. Stanbury reports as follows:

“During the Spring and Summer Terms there was remarkably little illness and few injuries at the school. In the Winter Term, however, the prevailing influenza epidemic swept through the school, and at the worst period there were over 40 boys sick at one time. Altogether, there were 121 cases among the boys and 7 among the staff. Nursing so many was a problem, and Matron was fortunate in having the assistance of Mrs. Morris and Miss Richards. Though the illness was severe while it lasted, the epidemic was over within a month, and there were no secondary complications among our cases.

General and domestic management of the school was transferred to Coventry as from May 1st. General standards of hygiene remain high. Diet is wholesome, and most boys show very satisfactory physical development."

School Milk and Meals

Miss Butler, School Meals Organiser, reports :

"4,092,277 meals (3,658,251 children's meals and 434,026 adults' meals) were served during 1957, a decrease of 286,446 since 1956. The daily average in January 1957 was 23,179, and in December 1957 it was 21,937. 41.07% of the number on roll were having meals when the last return was made to the Ministry in October 1957.

The reduction in the number of meals served during 1957 was mainly due to the increase of the school meal to 1/- on April 1st, 1957. Also the Asian 'Flu caused a large reduction of numbers in the Autumn term.

The following new kitchens were opened:

Allesley Hall	September 1957
Annie Osborn	September 1957
Tile Hill Wood	September 1957

Whoberley Hall School Canteen closed on 1st November, 1957.

According to statistics called for by the Ministry of Education on one specific date during October 1957 the number of children present at school and receiving milk was 37,551 including 1,725 at Independent Schools."

Physical Training

The following is the report from the Organisers of Physical Training (Mrs. G. W. Grant and Mr. A. Stonehill):

"Last year the general shortage of specialist teachers of Physical Education was mentioned. This situation is likely to continue for a few years. Another shortage which has become more apparent is that of men teachers in Junior Schools. Each year fewer men come forward to teach children at this most important stage of education. The effects of this are readily seen but unfortunately the remedy of how to attract more men into primary work is difficult.

In an annual report of this kind the day to day work in the schools is not news and consequently rarely mentioned. Steady progress continues due to the teachers' devotion to their work, and to their willingness to give up their evenings in order to increase their knowledge. 1957 was noteworthy for a series of swimming courses for men and women in Junior and Secondary schools. These courses ranged from practical classes in the teaching of beginners to instruction to advanced classes working for Amateur Swimming Association and Royal Life Saving awards. The number of

teachers holding the A.S.A. certificates and Royal Life Saving certificates increases yearly. Infant teachers concentrated on movement training applied to apparatus and music and on games. A new infant scheme of work is in the process of being produced. A most interesting development is the attention being paid to outdoor pursuits. Several schools have built canoes, and these have been used in connection with camping holidays. Hill climbing and mountaineering clubs have been formed and trips are taken into the Peak District of Derbyshire and the mountains of Wales for really active weekends.

An indoor cricket school has been opened at the Technical College and schools were keen to take advantage of this new facility. On four evenings a week boys eagerly make their way to the nets and doubtless the effects of this winter practice will be seen on the playing fields in the summer.

1957 also saw the first inter-secondary school boys gymnastic competition. This attracted a very good entry and so much enthusiasm from all taking part that the competition is now an integral part of the Coventry schools' sporting calendar.

The visit to the Coventry Theatre of the London Festival Ballet produced an interesting week for a large number of boys and girls in secondary schools. Members of the Company gave lecture demonstrations at various schools, and in addition children were invited to the theatre to watch a dance rehearsal.

Children from the City continue to be selected to represent City, County, Territory and Country in the Major Games and Sports. Our thanks must again be expressed to the masters and mistresses who give so unstintingly of their time and energy in and out of school hours to continue this valuable work.

We wish to record our thanks to Head Teachers and to all members of staff with whose help and co-operation this continued progress in physical education is possible."

Medical Examination of Entrants to Training Colleges and the Teaching Profession

In accordance with the Ministry of Education circulars 248 and 249, medical officers have continued to examine candidates for entrance into training colleges, and also temporary unqualified teachers. Chest x-rays are arranged through Dr. Gordon Evans, Physician-in-Charge of the Mass Radiography Unit. I am most appreciative to Dr. Gordon Evans for submitting reports on all cases, and also arranging for some cases to be followed up by a large film at the Coventry Chest Clinic. A new form, apart from forms 28 R.Q. and 4 R.T.C., was introduced during the year, namely form 10 R (Med) which means that a copy of all examinations is kept in the office. In 1957, 138 candidates were examined for entrance into training college and 72 for direct entrance into the teaching profession.

INFECTIOUS DISEASES

Age group 5 and under 15 years

Figures are also given for comparison with the previous year.

	1957	1956
Scarlet Fever	50	114
Acute Anterior Poliomyelitis:—		
(non-paralytic)	29	5
(paralytic)	29	4
Cerebro-spinal Fever	—	1
Paratyphoid Fever (B)	—	2
Acute Primary Pneumonia	16	12
Acute Influenzal Pneumonia	6	2
Dysentery	275	638
Food Poisoning	3	38
Erysipelas	1	1
Measles	2,924	49
Whooping Cough	136	435
Pulmonary Tuberculosis	15	29
Non-pulmonary Tuberculosis	5	10
Diphtheria	—	—
Acute Encephalitis	4	—
Meningococcal Infection	3	—

Deaths of Children of School Age—5 years to 15 years—are as follows:—

Congenital malformations	2
Infective and Parasytic Disease	1
Influenza	2
Pneumonia	2
Leukemia	1
Nephritis	1
Vascular lesions of nervous system	1
Homicide	1
Motor vehicle accidents	2
Other accidents	2
Total	15

Clinic Sessions

The current arrangements in regard to clinic sessions are set out below:—

CENTRAL SCHOOL CLINIC, GULSON ROAD.

Minor Ailment Clinics, each afternoon.

Cleansings each morning.

MEDICAL OFFICER APPOINTMENTS:—

By arrangement, Monday to Friday.

CHIROPODY:—

By appointment Tuesday afternoon, Wednesday and Friday mornings.

CHILD TUBERCULOSIS CONTACT CLINIC:—

Friday mornings.

DENTAL CLINIC:—

By appointment each day and Saturday mornings.

EAR, NOSE AND THROAT CLINIC:—

By appointment each Wednesday.

Treatment sessions every afternoon (includes “infra-red” treatment).

RINGWORM—X-RAY TREATMENT:—

By appointment at Coventry and Warwickshire Hospital.

SCABIES CLINIC:—

Each day, Monday to Friday.

SPEECH THERAPY:—

Each day, Monday to Friday.

SUNLIGHT CLINIC:—

Tuesday mornings and Friday afternoons.

HEART AND RHEUMATIC CLINIC:—

By appointment alternate Thursday afternoons.

BRANCH CLINICS.

LONGFORD PARK:—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon (except Thursday).

TEMPLARS:—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon.

BINLEY:—

School Medical Officer attends by arrangement.

School Nurse in attendance Tuesday afternoons from 2 p.m.

STOKE HEATH:—

School Nurse in attendance Thursday afternoons.

Ministry of Education
MEDICAL INSPECTION RETURNS
Year ended 31st December, 1957

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary
 Schools (including Special Schools)

A. PERIODIC MEDICAL INSPECTIONS

Entrants	4883
Second Age Group	5222
Third Age Group	3241
Total ..	13346
Additional Periodic Inspections	5134
GRAND TOTAL	18480

B. OTHER INSPECTIONS

Number of Special Inspections	6593
Number of Re-inspections	1865
Total ..	8458

C. PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected	Defective Vision (excluding squint)	Any Other Conditions Recorded in Table 3	Total Individual Pupils
Entrants	57	354	411
Second Age Group	171	237	407
Third Age Group	117	77	194
Total ..	345	668	1012
Additional Periodic Inspections	165	288	450
GRAND TOTAL	510	956	1462

**D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
 INSPECTED IN THE AGE GROUPS RECORDED IN TABLE IA**

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col.(2)	No.	% of Col.(2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	4883	4856	99.45	27	.55
Second Age Group	5222	5204	99.66	18	.34
Third Age Group	3241	3233	99.75	8	.25
Additional Periodic Inspections ..	5134	5107	99.47	27	.53
Total	18480	18400	99.57	80	.43

Table II**INFESTATION WITH VERMIN**

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons ..	95703
(ii) Total number of individual pupils found to be infested ..	866
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ..	866
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3), Education Act, 1944) ..	1

Ministry of Education
MEDICAL INSPECTION RETURNS

Table III

Return of Defects found by Medical Inspection in the year ended
31st December, 1957

A. PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections				Total (including all other age groups inspected)	
		Entrants		Leavers			
		Requi- ring Treat- ment (3)	Requi- ring Obser- vation (4)	Requi- ring Treat- ment (5)	Requi- ring Obser- vation (6)	Requi- ring Treat- ment (7)	Requi- ring Obser- vation (8)
(1)	(2)						
4	Skin	10	1	3	2	24	11
5	Eyes—						
	(a) Vision ..	57	19	117	27	510	217
	(b) Squint ..	18	2	—	—	27	4
	(c) Other ..	10	6	1	1	27	23
6	Ears—						
	(a) Hearing ..	14	2	5	—	37	11
	(b) Otitis Media	2	—	1	—	4	1
	(c) Other ..	8	2	3	—	15	18
7	Nose and Throat ..	79	37	7	4	174	72
8	Speech	47	16	7	1	107	36
9	Lymphatic Glands	2	—	—	—	4	1
10	Heart	18	25	10	2	46	60
11	Lungs	26	27	4	1	53	61
12	Developmental—						
	(a) Hernia ..	—	3	—	—	—	3
	(b) Other ..	2	13	2	2	33	35
13	Orthopaedic—						
	(a) Posture ..	8	1	—	—	26	6
	(b) Feet	20	6	4	—	49	30
	(c) Other ..	20	12	12	2	65	31
14	Nervous System—						
	(a) Epilepsy ..	1	1	—	—	5	1
	(b) Other ..	2	1	—	—	5	23
15	Psychological—						
	(a) Development	9	7	—	—	44	15
	(b) Stability ..	4	2	1	—	19	11
16	Abdomen	—	—	—	—	4	2
17	Other	70	67	19	9	199	142

Table III (continued)
B. SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	—	—
5	Eyes— (a) Vision (b) Squint (c) Other	29 4 8	8 — 1
6	Ears— (a) Hearing (b) Otitis Media (c) Other	7 1 4	3 — —
7	Nose and Throat	18	7
8	Speech	24	11
9	Lymphatic Glands ..	—	—
10	Heart	3	2
11	Lungs	5	3
12	Developmental— (a) Hernia (b) Other	— 4	— 2
13	Orthopaedic— (a) Posture (b) Feet (c) Other	2 4 4	— — 4
14	Nervous System— (a) Epilepsy (b) Other	— 1	2 3
15	Psychological— (a) Development (b) Stability	34 2	9 2
16	Abdomen	—	—
17	Other	43	13

Table IV

Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Special Schools)

GROUP I

EYE DISEASES, DEFECTIVE VISION and SQUINT

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	269	—
Errors of refraction (including squint) ..	—	2871
TOTAL	269	2871
Number of pupils for whom spectacles were prescribed	—	1906

GROUP II

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	—	159
(c) for other nose and throat conditions	—	—
Received other forms of treatment ..	100	—
TOTAL	100	159
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957	—	9
(b) in previous years (1953-56) ..	—	42

GROUP III

ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	—	591

GROUP IV

DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	2
(ii) Body	2
Scabies	—
Impetigo	118
Other skin diseases	210
TOTAL	332

GROUP V

CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	Approx. 300 (cases seen by Psychiatrist and Psychologist, excluding purely educational cases)
---	---

GROUP VI

SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority ..	280
---	-----

GROUP VII

OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	4040
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	38
(c) Pupils who received B.C.G. vaccination	2023
(d) Other than (a), (b) and (c) above—	
1. Chiropody	490
2. Ears	105
3. Ultra Violet Light ..	44
TOTAL (a) - (d)	6740

(1)	Number of pupils inspected by the Authority's Dental Officers :—						
(a)	At periodic inspections	1269
(b)	As specials	7308
						TOTAL (1)	8577
(2)	Number found to require treatment		7498
(3)	Number offered treatment		6819
(4)	Number actually treated		6693
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)				..		12807
(6)	Half-days devoted to—Periodic (School) Inspection				..		12
	Treatment		1535
						TOTAL (6)	1547
(7)	Fillings : Permanent Teeth		3380
	Temporary Teeth		101
						TOTAL (7)	3481
(8)	Number of teeth filled : Permanent Teeth		2808
	Temporary Teeth		99
						TOTAL (8)	2907
(9)	Extractions : Permanent Teeth		4310
	Temporary Teeth		8931
						TOTAL (9)	13241
(10)	Administration of general anaesthetics for extraction	..					2190
(11)	Orthodontics :						
(a)	Cases commenced during the year		44
(b)	Cases carried forward from previous year		72
(c)	Cases completed during the year		28
(d)	Cases discontinued during the year		6
(e)	Pupils treated with appliances		104
(f)	Removable appliances fitted		53
(g)	Fixed appliances fitted		17
(h)	Total attendances		1055
(12)	Number of pupils supplied with artificial dentures				29
(13)	Other operations :						
	Permanent teeth		654
	Temporary teeth		259
						TOTAL (13)	913

MINISTRY OF EDUCATION
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN
BOARDING HOMES, YEAR 1957

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Education- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	Total 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1957:—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes	1	2	1	5	128	33	131	9	4	314
B. Handicapped Pupils newly ascertained as re- quiring education at Special Schools or boarding Homes	2	5	1	4	110	29	108	16	1	276
On or about 31st December, 1957:—										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as—										
(a) Day Pupils	—	26	—	11	—	155	272	—	—	464
(b) Boarding Pupils	10	4	21	6	51	2	63	11	15	183
(ii) attending independent schools under ar- rangements made by the Authority	—	—	—	—	—	—	—	1	—	1
(iii) boarded in homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	9	—	9
Total C	10	30	21	17	51	157	335	21	15	657
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(i) in hospitals	—	—	—	—	25	—	—	—	—	25
(ii) in other groups (e.g. units for spastics)	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	1	3	1	—	—	5

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES,
YEAR 1957—continued

51

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically handicapped	(7) Education- ally Sub- normal (8) Mal- adjusted	(9) Epi- leptic	Total 1-9
F. Number of Handicapped Pupils from the area requiring places in special schools:—						
(i) Total	2	—	—	88	—	94
(a) day ...	—	—	—	3	—	36
(b) boarding ...	2	1	21	—	1	—
Included in the above total are:—						
(ii) Children under 5 years	—	—	—	—	—	—
(a) day ...	—	—	—	—	—	—
(b) boarding ...	1	—	—	—	—	—
(iii) Children over 5 years whose parents re- fused admission to special school	—	—	—	—	—	—
(a) day ...	—	—	—	—	—	—
(b) boarding ...	—	1	—	9	—	9
	—	—	—	—	—	2

F. Number on registers of hospital special schools—59

G. Number of children reported during the year:— (a) under Section 57 (3) (excluding any returned under (b)—23; (b) under Section 57 (3) (relying on Section 57 (4)—; (c) under Section 57 (5)—29; of the Education Act, 1944.

H. During the financial year ended 31st March, 1957, the amount spent on arrangements under Section 56 of the Education Act, 1944 for the education of handicapped pupils otherwise than at school was £1,252.16s.3d.

INDEX

	Page
Alice Stevens Day School	23
Anti-Tuberculosis Campaign	14
Attendances at Clinic	43
Baginton Fields P.H. School	20, 22
Child Guidance Arrangements	28, 29, 30
Chiropody	30, 31
City of Coventry School	38, 39
Clinic Sessions	42
Corley Residential School for Delicate Pupils	24
Deaths of School Children	41
Dental Service and Treatment	31, 32
Diphtheria Immunisation	38
Ear, Nose and Throat Clinic	32, 33
Handicapped Pupils	16, 17, 18
Heart and Rheumatic Clinic	33
Infectious Diseases	41
Mass Radiography	14, 15, 16
Orthopædic Arrangements	34, 35
Partially Deaf Unit	25, 26, 27, 28
Paybody Hospital School	24, 25
Periodic Medical Inspections	44
Physical Training	39, 40
School Accommodation	20
School Milk and Meals	39
Speech Therapy	37, 38
Staffing	8
Three Spires Day School	24

